Mississauga Halton **LHIN**

Strengthening Home and Community Care

Mississauga Halton **Local Health Integration Network**
Annual Report 2014-2015

Ontario
Local Health Integration Network

Contact Information

Telephone
905-337-7131
1-866-371-5446

Address
700 Dorval Drive, Suite 500
Oakville ON L6K 3V3

Email
mississaugahalton@lhins.on.ca

Website
mississaugahaltonlhin.on.ca

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Mission

To lead health system integration for our communities.

Vision

A seamless health system for our communities – promoting optimal health and delivering high quality care when and where needed.

Values

Innovation:
We explore and support imaginative initiatives and solutions

Integrity:
Our actions and words reflect honesty, integrity and good judgment

Accountability:
We will routinely evaluate our judgments and decisions

Partnership:
We will work in partnership with our community, health service providers and the provincial government

Respect:
We will actively listen and work together with dignity and consideration

Holistic Approach:
Our work will reflect and recognize the connection between the body, mind and spirit

Strengthening Home and Community Care

Message from the Board Chair and CEO

We are making a move. A move to bring care closer to home. A move to improve access and deliver the highest quality of care to ensure our residents have the support they need to stay in their own home - where they want to be.

Each year the Mississauga Halton Local Health Integration Network (LHIN) welcomes over 20,000 new residents, making us one of the fastest-growing and aging LHINs in the province. Over the next 10 years, the percentage of people aged 75 and older will grow by approximately 65 per cent, a rate well above the provincial average. By 2025, nearly one out of every five people in the Mississauga Halton LHIN will be 65-plus.

To ensure better access to the right care for those who need it most, we are leading the move to a more community-based system of care where patients are at the centre. Patients are better served by a system rooted in the community. This benefits the entire health care system for generations to come. Every decision we make is based on value and quality, and rooted in evidence and a better patient experience.

To bring care home, the infrastructure within the community needs to be strengthened along with investments in hospital expansion and redevelopment projects. This framework is the next step in building a system rooted in the community that makes sense for seniors.

Our priority to address the care needs of our growing and aging population was achieved in numerous ways including the development of our Community Capacity Plan: Meeting Senior Care Needs Now and in the Future. Results and understanding gained from the Community Capacity Plan are helping to inform and shape local health care system planning in the Mississauga Halton LHIN.

To support important local community programs in 2014-2015, the Mississauga Halton LHIN provided over $15.6 million in new investments including the following:

- $5.4 million for in-home personal support services for those with complex needs, and for in-home nursing services.
- $2 million to support the local initiatives that address service gaps for people with mental illness or addictions.
- $1.9 million to support seniors to remain in their homes and community, improving their quality of life and providing support for their caregivers.
- $6.1 million to enhance personal support worker wages and invest in their recruitment and retention so seniors and people with complex care needs may be assured of high quality and continuity of care.

To help build capacity and services, and to give patients faster access to high quality care, significant hospital capital projects are underway or have been endorsed by the Mississauga Halton LHIN including the expansion of Halton Healthcare's Milton Hospital which will break ground in June 2015; the new Oakville Hospital, scheduled to open in December 2015; and Trillium Health Partners' redevelopment of the Courtyard unit at Queensway Health Centre. Construction is underway on the Credit Valley Hospital Priority Areas Redevelopment project; which comprises renovations to approximately 187,000 square feet of existing hospital space. It is expected to be complete in the spring of 2018.

In September 2014, we opened the new Mississauga Halton LHIN Regional Learning Centre, ensuring the delivery of value-added education to direct care providers and caregivers.

New approaches to service through initiatives such as Health Links, Palliative Care and Caregiver Respite are providing better, personalized care for seniors and patients with complex medical conditions. Great strides were made in our Primary Care Strategy including the introduction of the Primary Care Network, an e-Compendium of Specialty Care, and Patient Care Advisors focused on improving linkages between primary care and the rest of the health system.

Through these programs and initiatives we continue to help people live healthy lives through community-based care close to home. We are excited about our system strengths and potential. Executing on our key priorities - Accessible and Sustainable Health Care, Family Health Care When You Need It, Enhanced Community Capacity, Optimal Health - Mental and Physical, and High Quality Person-Centred Care - will remain our focus in 2015-2016.

We are particularly proud of the Board and the experience and talent that are represented, and have introduced three new directors in 2014-2015: Mary Davies, Kimbalin Kelly and Gulzar Ladhani.

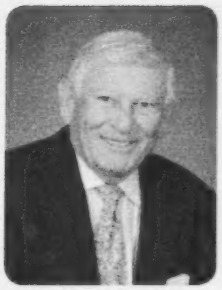
I would like to recognize the professionalism of the Mississauga Halton LHIN team, and thank them sincerely for their energy and dedication.

As the health care system continues to evolve, the Mississauga Halton LHIN looks forward to working with the Ministry of Health and Long-Term Care and our health service providers as we improve access to quality health services while Strengthening Home and Community Care.

Graeme Goebelle
Chair, Mississauga Halton LHIN

Bill MacLeod
CEO, Mississauga Halton LHIN

Board of Directors

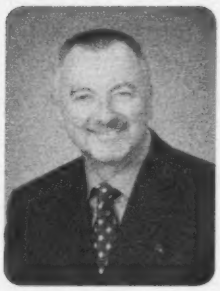


Graeme Goebelle
Chair
Appointed:
January 5, 2011
Reappointed:
January 5, 2014
End of Current Term:
January 4, 2017

Ronald Haines
Vice Chair
Appointed:
June 17, 2010
Reappointed:
June 17, 2013
End of Current Term:
June 16, 2016

Jackie Conant
Member
Appointed:
June 17, 2010
Reappointed:
June 17, 2013
End of Current Term:
June 16, 2017

Shelagh Maloney
Member
Appointed:
February 9, 2011
Reappointed:
February 9, 2014
End of Current Term:
February 8, 2017



Kim Piller
Member
Appointed:
June 9, 2011
Reappointed:
June 9, 2014
End of Current Term:
June 8, 2017

Patrick Hop Hing
Member
Appointed:
February 12, 2014
End of Current Term:
February 11, 2016

Mary Davies
Member
Appointed:
April 30, 2014
End of Current Term:
April 29, 2017

Kimbalin Kelly
Member
Appointed:
November 19, 2014
End of Current Term:
November 18, 2017

Gulzar Ladhani
Member
Appointed:
November 19, 2014
End of Current Term:
November 18, 2017

Members whose terms expired during 2014-2015

Jason Wadden – Appointed February 5, 2010

The Mississauga Halton LHIN gratefully acknowledges the significant contributions made by Jason Wadden during his years of service on the Board.

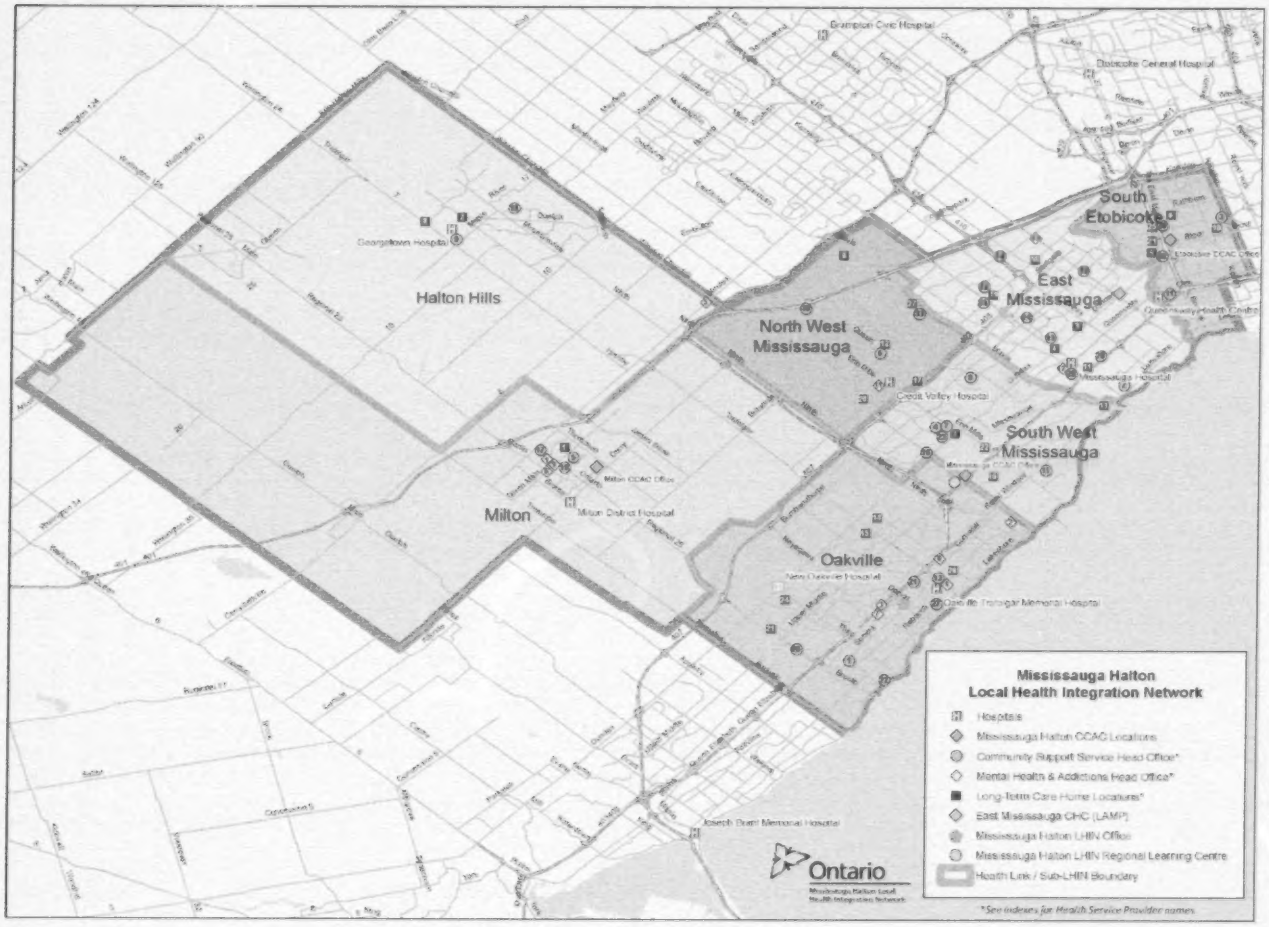
Biographies available at www.mhlhin.on.ca/boardandgovernance

Welcome to the Mississauga Halton LHIN

The Mississauga Halton LHIN guides ongoing and future initiatives in the development and implementation of a seamless health system for our communities. As one of Ontario's 14 LHINs, we manage the planning and performance of the health care system and bring greater accountability and leadership as it changes, and evolves.

LHINs are the only organizations in Ontario that bring together health care partners from the following sectors - hospitals, community care, community support services, community mental health and addiction, community health centres, long-term care and primary care - to develop innovative, collaborative solutions leading to more timely access to high quality services for the residents of Ontario and through the Mississauga Halton LHIN, for our local communities.

Through the combined effort of health service providers and agencies, we continued to innovate and find ways of achieving the same or better result with less expenditure of resources. Together, we are putting patients first and strengthening home and community care.



The Mississauga Halton LHIN is divided into sub-LHIN areas including Halton Hills, Milton, Oakville, North West Mississauga, South West Mississauga, East Mississauga and South Etobicoke. These areas also represent the Mississauga Halton LHIN Health Links.

Provincial Health Priorities

Provincial health priorities for system transformation focus on the following:

- Health Links – aimed at improving quality of care, patient experience and value for money for those with the most complex health care needs;
- Reducing Emergency Department Wait Times and Alternative Level of Care pressures;
- More home and community services investments that better support seniors and other Ontarians;
- Increasing access to mental health and addiction services; and,
- E-health – improving connections across the region.

Local Health Care Service

The Mississauga Halton LHIN develops innovative and collaborative solutions to improve and sustain the health care system for our patients and communities.

We work with

- Two hospital corporations, spanning six sites;
- 34 community support service providers;
- 28 long-term care homes;
- 10 mental health and addiction service providers;
- 1 Community Health Centre;
- 1 Community Care Access Centre (CCAC).

Our Community

The municipalities of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto) make up the Mississauga Halton LHIN geography. The Mississauga Halton LHIN is home to over 1.2 million residents, and continues to be one of the fastest growing LHINs in the province, with the population growing by approximately 20,000 people each year.[1] Over 97 per cent of the population is either within a large urban or medium population centre.[2]

The aging of the population will continue to be a major theme in the Mississauga Halton LHIN in the coming years, as the percentage of people aged 75 and older will grow by approximately 65 per cent over the next 10 years (2015 to 2025), from 68,840 to 113,622 (an increase of almost 45,000).[3] By way of comparison, Ontario's population aged 75 and older is projected to grow by approximately 49 per cent during the same time period.

The Mississauga Halton LHIN has a much larger percentage of immigrants than Ontario overall, with 44.3 per cent of the population identifying as an immigrant, compared to 28.5 per cent for Ontario.[4] Visible minorities also make up a much larger percentage of the Mississauga Halton LHIN population compared to Ontario (40.7 per cent vs. 25.9 per cent).[5]

The Mississauga Halton LHIN has a relatively small Aboriginal population, with just over 6,000 Aboriginal people.[6]

The proportion of residents in Mississauga Halton living in low income is better compared to the provincial average, as is the unemployment rate for both adults and youth. However, within the Mississauga Halton LHIN, there are areas that are more economically disadvantaged. For example, East Mississauga and South Etobicoke both have a larger portion of the population living below the low-income cut-off than Ontario overall.[7]

Our Health

The residents of the Mississauga Halton LHIN are generally healthier and live longer than the provincial average, and a larger percentage of Mississauga Halton LHIN residents perceive their health to be very good or excellent. However, compared to Ontario, Mississauga

[1] 2011 Census-based Ministry of Finance Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

[2] Socio-Demographic Profile, by LHIN and subLHIN areas. Health Analytics Branch, August 2012.

[3] 2011 Census-based Ministry of Finance Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

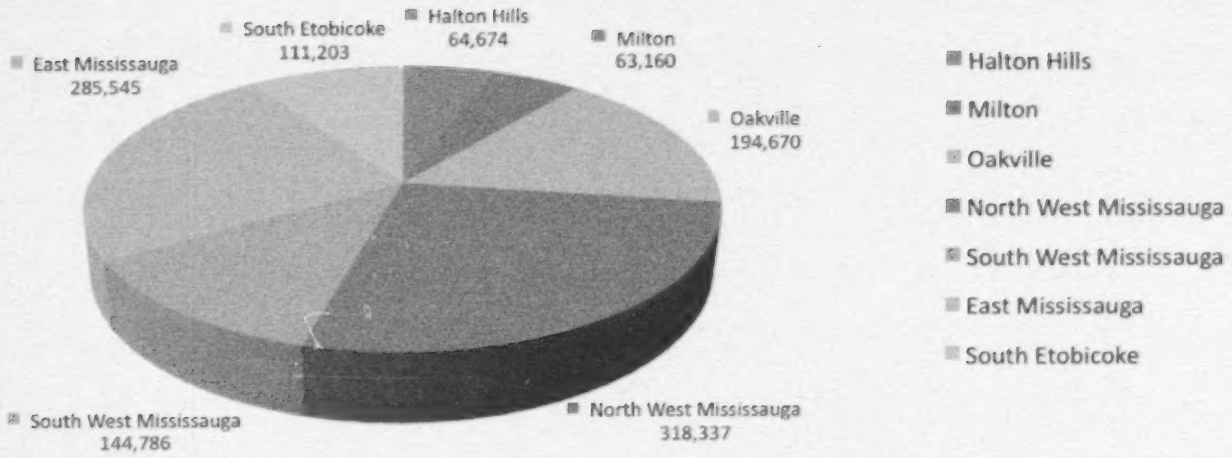
[4] Statistics Canada. 2013. Ontario (Code 35) (Table). National Household Survey (NHS) Profile. 2011 National Household Survey.

[5] Ibid.

[6] Ibid.

[7] Health Links demographic, census and utilization profile, Health Analytics Branch (April 2014).

Mississauga Halton LHIN Population (2011)



Source: Health Links demographic, census and utilization profile, Health Analytics Branch (April 2014).

Halton LHIN residents do report a higher level of perceived life stress.[1]

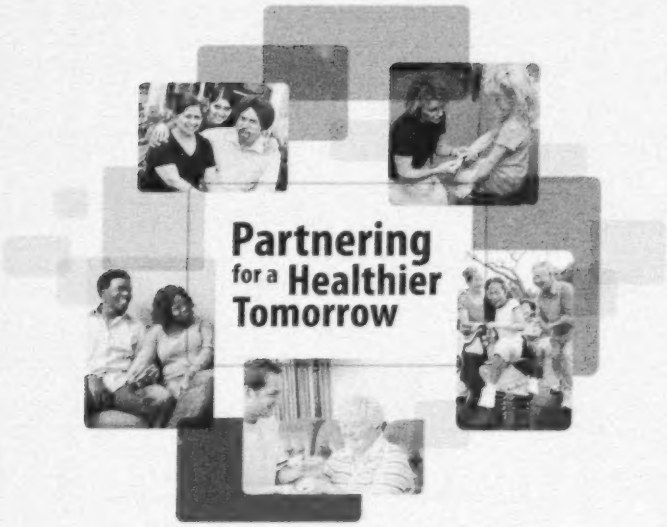
In terms of health care utilization, residents of the Mississauga Halton LHIN have lower hospitalization rates for most chronic conditions compared to Ontario, including Arthritis, Cancer, Congestive Heart Failure, COPD, Diabetes, and Stroke. However, there is variation across the Mississauga Halton LHIN, with South Etobicoke having the highest hospitalization rates for most chronic conditions (with the exception of Asthma). South Etobicoke also has the largest proportion of seniors, with nearly 18 per cent of the population aged 65 or older. In contrast to this, in Milton, less than 8 per cent of the population is 65 or older.[2]

Key Figures

- Mississauga Halton LHIN was established by the Ministry of Health and Long-Term Care in 2006.
- Mississauga Halton LHIN had 36 employees in 2014-2015.
- In 2014-2015 Mississauga Halton LHIN allocated $1.41 billion to health service providers.
- Mississauga Halton LHIN actively engaged in the funding and performance management of 73 Service Accountability Agreements for 58 unique health Service Providers (HSPs).
- Mississauga Halton LHIN spent 99.56 per cent of its budget on projects, capacity development, knowledge exchange and evaluation. The remaining 0.44 per cent went to management and administration.
- Mississauga Halton LHIN supported programs in our five communities: Oakville, Milton, Halton Hills, Mississauga and South Etobicoke.

[1] Statistics Canada. 2013. Mississauga Halton (Health Region), Ontario and Ontario (table). Health Profile. Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released December 12, 2013.

[2] Socio-Demographic Profile, by LHIN and subLHIN areas. Health Analytics Branch, August 2012.



Integrated Health Service Plan – Year Two Update

In April 2013, the Mississauga Halton LHIN launched the 2013-2016 Integrated Health Service Plan (IHSP). The IHSP outlines local health system priorities and identifies key goals and strategies focusing on five key priorities:

Accessible and Sustainable Health Care
Family Health Care When You Need It
Enhanced Community Capacity
Optimal Health – Mental and Physical
High Quality Person- Centred Care

To carry out year two of our plan, annual goals and action items for each IHSP priority were selected. Though they do not represent all the activities at the Mississauga Halton LHIN, they are the most directional. Many of the milestones you will find in this report relate to the core of our strategy -promoting optimal health and delivering high quality care when and where needed.

Engaging the Mississauga Halton LHIN Community

Community engagement is an integral part of the LHIN model and central to what we do. Meaningful engagement enables health system development in the Mississauga Halton LHIN to be informed by the experiences and stories of those who provide and receive care in Mississauga Halton. Most engagement will involve health service providers as well as other health providers to ensure the availability of and access to appropriate health care services that improve the overall health of the population. Over the 2014-2015 fiscal year, the Mississauga Halton LHIN held a large number of important engagements with its community of clients, providers and partners.

Aboriginal Engagement

Over the 2014-2015 year, the Mississauga Halton LHIN partnered with the Métis Nation of Ontario Council to host the following:

- A two-day Métis Medicine Walk in September 2014 that included four medicine walks free of charge to approximately 50 participants for each walk. The Métis Medicine Walk was an opportunity for the Métis Nation of Ontario Credit River Métis Council to support Métis

October 9, 2014, Métis Nation of Ontario Council Sisters in Spirit candlelight vigil held at Gage Park in Brampton

culture and identity and introduce it to non-Métis people. This activity provided an important opportunity for LHIN staff and service providers to engage with Métis community leaders.

- The annual Sisters in Spirit candlelight vigil held at Gage Park in Brampton to honour and remember the almost 1,200 missing and murdered Aboriginal women across Canada. There was repre- -.' ation from multiple organizations supporting Aboriginal women and their struggles.

Community volunteers helped to make 100 faceless dolls to bring attention to the need for a public inquiry. The vigil concluded with final prayers with members of the community lighting candles and placing them alongside victims' photos.

Francophone Engagement

The needs of the francophone community continue to be a priority for the Mississauga Halton LHIN. In an effort to better understand and meet the needs of our francophone community, the Mississauga Halton LHIN continues its partnership with the Toronto Central LHIN, Central West LHIN and the French Language Health Planning Entity #3, Reflet Salvéo. Reflet Salvéo has been a key partner in engaging the francophone community in all three LHINs. Through the 2014-2015 Joint Annual Action Plan, progress has been made to improve the ability of the francophone population to access health care services and navigate the system.

Achievements of the 2014-2015 Joint Annual Action Plan included the following:

- Staff education sessions delivered in partnership with Reflet Salvéo to identified French Language Services (FLS) organizations and members of the Health Equity Advisory Committee to improve cultural competency around the francophone community living in the Mississauga Halton LHIN.
- Appropriate cultural and linguistic education programs for francophones in our community.
- Beginning to identify FLS capacity in primary care, mental health and community sectors.
- Participation in the Health Equity Inventory Survey to develop a standardized tool to better identify francophones using the linguistic variable.

The Mississauga Halton LHIN also participated in the planning committee and attended Le lien français – The French Link. Organized by a number of francophone non-profit organizations, the two francophone school boards and the Region of Peel, this event was a great opportunity to engage both the targeted communities – francophone and anglophone – and to share information on French Language Services and programs available within the Mississauga Halton LHIN.

Mississauga Halton LHIN Christelle Bony (far right) manages the booth at Le lien français.

Governance-to-Governance Engagement

As part of an integrated approach to health service provider engagement, regular governance-to-governance dialogue sessions are scheduled to support health service provider governors. LHIN and HSP Boards along with their senior staff interact over particular topics of interest. Topics are determined through HSP governors' feedback and through the Community Governance Consultation Group.

The Mississauga Halton LHIN held five engagement sessions, which focused on quality, risk, privacy and data security. A three-part series on quality kicked off the year with Dr. Joshua Tepper, President and CEO of Health Quality Ontario, who provided a quality snapshot from an Ontario perspective. The second session was focused on governing for quality with speaker David Brown, and the final series session narrowed the focus to explore the development of quality measures for HSPs' Quality Improvement Plans.

At the remaining two engagements, Polly Stevens, VP Healthcare Risk Management, Healthcare Insurance Reciprocal of Canada (HIROC), presented the Board's role in managing risk, which focused on a simplified approach to risk management: Board-level risk management versus operational; and Robin Gould-Soil, Director Privacy and Access eGTA, and Chief Privacy Officer, University Health Network presented the Board's role in privacy and data security.

Community Governance Consultation Group

The Community Governance Consultation Group (CGCG) sponsored by the Mississauga Halton LHIN consists of Board members from our community HSPs and the Mississauga Halton LHIN.

The Mississauga Halton LHIN CGCG provides advice around collaborative governance to improve health system integration and health service coordination across the LHIN. One way they work towards this goal is by establishing specific topics for the governance to governance events occurring on a quarterly basis.

Participants receive their certificate of achievement for completing the Governance and Board Effectiveness sessions.

During the year, the CGCG carried out an in-depth survey of HSP Board Chairs to understand their governance needs. Governance education and sharing of governance tools were identified as a top priority.

The CGCG arranged for three Governance and Board Effectiveness educational sessions for the LHIN's HSP governors and executives over a six-month period. Fifty-four participants from 27 HSPs attended. Engagement and group discussion was excellent and included a wide range of governance experience amongst the group.

2014 - 2015 CGCG Membership

- Acclaim Health
- BALANCE for Blind Adults
- Heart House Hospice
- Ivan Franko Homes
- Links2Care
- Mississauga Halton CCAC
- Mississauga Halton LHIN
- Nucleus Independent Living
- Oakville Senior Citizens Residence (OSCR)
- Peel Addiction Assessment and Referral Centre (PAARC)
- Seniors Life Enhancement Centre (SLEC)
- STRIDE
- Support & Housing Halton

Governance Resource Centre

The CGCG established a Governance Resource Centre, hosted on the LHIN website, for our HSP Boards. It includes articles, reports, templates, tools and frameworks that reflect current governance best practices. LHIN funded HSPs are encouraged to download materials to use within their organization.

Accomplishments in 2014 - 2015

Mississauga Halton LHIN activities have been grouped into five key priorities identified in our 2013-2016 Integrated Health Services Plan: Partnering for a Healthier Tomorrow.

Family Health Care When You Need It
Accessible & Sustainable Health Care
Optimal Health – Mental & Physical
Partnering for a Healthier Tomorrow
High Quality Person-Centred Care
Enhanced Community Capacity

ACCESSIBLE & SUSTAINABLE HEALTH CARE

- Improve access to services to improve consumer flow, quality and safety
- Support consumers, families and health care professionals to navigate the health care system
- Improve sustainability of the health care system

Accessible & Sustainable Health Care

Emergency Department Wait Times

In working with hospital and community health service partners, there is an ongoing collective goal to provide better and faster access to emergency departments (ED) for the rapidly growing population in our LHIN.

In its seventh year, the 2014-2015 provincial Pay for Performance program invested $7.9 million to hospital health service providers in the Mississauga Halton LHIN to deliver the most efficient access possible to people in need of emergent or urgent health care services.

ED performance has improved significantly for admitted patients, where the most recent two-year trend illustrates a 22 per cent reduction in wait times. Further, for non-admitted patients, the Mississauga Halton LHIN continues to perform better than the provincial average at 6.2 hours for complex conditions and 3.6 hours for non-complex conditions, respectively.

It should be noted that the Mississauga Halton LHIN hospitals have the second-largest number of ED visits in the province, second only to William Osler Health Services.

In the case of ED performance related to admission, inpatient capacity is a significant constraint in the ability to transition patients from the ED to an inpatient location. Innovations in the continuum of care, including service delivery improvement within the hospital and related service providers, and increased community capacity enabled through LHIN programming, are two main strategies in the near mid-term that are expected to alleviate some of the demand for acute beds.

Further, with the opening of the new Oakville hospital in December 2015, the Mississauga Halton LHIN plans to increase acute care beds to help provide hospital-based services to Halton's growing population. Lastly, Trillium Health Partners is in the planning phases of a redevelopment project, which will introduce a significant additional supply of acute beds.

Addressing Alternate Level of Care

Ensuring that patients are in the right place at the right time is a key priority for the Mississauga Halton LHIN and our health service providers.

As of February 2015, the Mississauga Halton LHIN's performance ranked in the top 5 provincial LHINs for

Alternate Level of Care[10] rate for acute care, with a rate of 13.2 per cent, and second for performance in post-acute care at 3.7 per cent. As the second-lowest long-term care home bedded LHIN in the province, we continue to work with a multitude of health and other service providers to enhance services, streamline processes and improve communication to enable effective and sustainable transitions to more appropriate destinations.

Some local programs supporting transitions between health service providers include homes with services provided by the Mississauga Halton CCAC, Convalescent and Assess and Restore programs; the Supports for Daily Living Program; Supportive Housing; and Assisted Living.

Health System Funding Reform

The government of Ontario's *Excellent Care for All Act* (2010) and supporting strategy represent a significant culture shift in Ontario's health care system. Part of this shift is the need for Ontario to implement funding models that are fairer, more evidence-based and more responsive to the emerging health care needs of the province's changing population. Health System Funding Reform (HSFR) is a fundamental response to these vital concerns encompassing the development and implementation of funding policy and models that are driven by evidence and efficiency.

HSFR Key Principles

- ✔ Quality
- ✔ Systainability
- ✔ Access

In 2014-2015, year three of its implementation strategy, a group of Mississauga Halton LHIN health service providers convened at the HSFR Local Partnership Committee to discuss local impacts implications and risks associated with the implementation, and related mitigation strategies.

HSFR Key Milestones - Year Three

The HSFR Local Partnership Committee:

- Continued to use a decision-making framework and standardized performance scorecard to help evaluate and decide whether there is a need to form regional workgroups related to a Quality-Based Procedure (QBP). All QBPs will continue to be evaluated using the Decision-Making Framework.
- Adopted a performance dashboard to evaluate Ministry-managed QBPs.
- Completed phase 1 of hospital improvement strategies for congestive heart failure with focus on reducing regional clinical variation by implementing standardized physician order sets and clinical pathway.
- Convened a regional workgroup to focus on improvement opportunities related to the hip fracture patient population.

Mississauga Halton LHIN Healthy Holidays Strategy

The Mississauga Halton LHIN worked with data specialists to examine opportunities to grow the Mississauga Halton LHIN Holiday Surge Strategy to its fullest capacity. As a result, the Mississauga Halton LHIN Healthy Holidays Strategy was developed and focuses on providing residents with information and resources to get and stay healthy during the holiday season. The primary objective of the strategy is to create health system preparedness, concentrating on the holiday season when services are often limited and need is often great.

The Mississauga Halton LHIN Healthy Holidays strategy enables access to up-to-date real-time information through smartphone technology providing residents with information at their fingertips via the iamsick app.

[10] Alternate Level of Care (ALC) days refer to the number of days that a patient spends in hospital, when he or she has completed an acute care episode and could receive more appropriate care in the community.

Healthy Holidays 2014 by the Numbers

- The iamsick.ca mobile app was used 1,992 times: Android ranked #7 of Canadian Health apps and iPhone ranked #13 of Canadian Health apps
- 976 visits to feelbetterfaster.iamsick.ca website
- 782 app downloads
- Clinics were engaged and updated their hours to reflect changes in their schedules - even on Christmas Day - and data was immediately displayed in real-time on website and apps
- Received holiday information from 200 health care providers
- 394,500 social media views, shares, likes and visits of Mississauga Halton LHIN Healthy Holidays tips and resources all in a 10-day span

Due to the overwhelmingly positive response, Mississauga Halton LHIN in partnership with Acclaim Health and iamsick.ca, is developing a strategy for a year-round approach called myhealth365. The strategy will closely follow Ontario's Patients First Action Plan for Health Care with a strong focus on access, connection and information with high quality person-centred care at the heart.

Expansions and Improvements

To help build the capacity and services to meet the rapidly growing health care needs of our community, significant hospital capital expansions are being planned or have been endorsed by the Mississauga Halton LHIN.

Connected to people and community

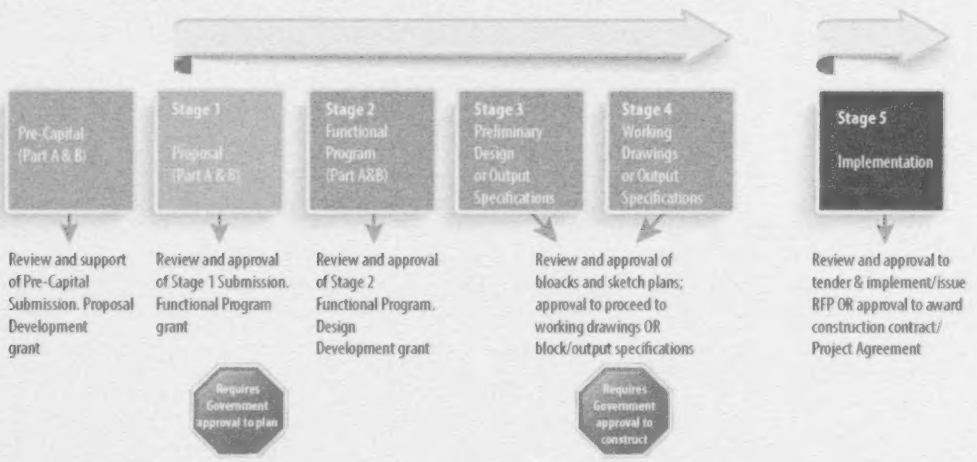
The Mississauga Halton LHIN has been reviewing available data to identify neighbourhoods with higher health and social needs to create neighbourhood profiles that will inform future services based on demographics and other characteristics.

In partnership with the United Way, several neighbourhoods in Mississauga have been identified as higher needs. A similar body of work is underway in Oakville, Milton and Halton Hills. This combined information will help identify a natural opportunity for the development of an integrated community hub. Community hubs bring together health and social service providers, as well as recreation - in one location - where access to services is integrated and meets the needs of all ages.

Overview of Capital Planning Process

Planning Grants:
3 possible approval milestones: proposal development, functional program, design development

Construction Grant


Pre-Capital (Part A & B)
Stage 1 Proposal (Part A & B)
Stage 2 Functional Program (Part A&B)
Stage 3 Preliminary Design or Output Specifications
Stage 4 Working Drawings or Output Specifications
Stage 5 Implementation
Review and support of Pre-Capital Submission. Proposal Development grant
Review and approval of Stage 1 Submission. Functional Program grant
Review and approval of Stage 2 Functional Program. Design Development grant
Review and approval of bloacks and sketch plans; approval to proceed to working drawings OR block/output specifications
Review and approval to tender & implement/issue RFP OR approval to award construction contract/ Project Agreement
Requires Government approval to plan
Requires Government approval to construct

Hospital Redevelopment

The Ministry of Health and Long-Term Care - LHIN Joint Review Framework for Early Capital Planning contains five distinct stages, illustrated below. The LHIN and Ministry of Health and Long-Term Care Capital Branch work collaboratively on redevelopment.

Trillium Health Partners

Master Plan

Mississauga Halton LHIN staff continues to work with Trillium Health Partners on their review of the Stage 1 Master Plan, submitted March 2014. Trillium Health Partners Master Plan encompasses redevelopment of their three sites: Credit Valley, Mississauga and Queensway.

Credit Valley Hospital – Stage 3 Redevelopment

Investments have been made to support the redevelopment of Trillium Health Partners' Credit Valley Hospital to help meet the needs of our growing community. The Credit Valley Hospital Priority Areas Redevelopment project comprises renovations to approximately 187,000 square feet of existing hospital space focused on the emergency department, an expanded surgical suite, operating rooms, critical care unit and diagnostic imaging. Construction at Credit Valley Hospital is now underway and is expected to be complete in the spring of 2018.

Courtyard

In January 2015, the Mississauga Halton LHIN Board endorsed Trillium Health Partner's combined Stage 1 Proposal and Stage 2 Functional Program proposal submission to the Ministry of Health and Long-Term Care to redevelop Trillium Health Partners Queensway Health Centre - Courtyard 39-bed unit. This project has been approved for construction.

Halton Healthcare Services

Oakville Hospital

After four years of construction, the new state-of-the-art Oakville Hospital will be complete by August 2015. Halton Healthcare Services will then receive full access to prepare the building for occupancy, moving in patients, staff, physicians and volunteers, and officially open in December 2015. The past year has been focused on operational readiness throughout the organization to support a seamless transition to the new location.

Milton District Hospital

Milton District Hospital's approved redevelopment project continues through the final stage of the capital planning process. Construction of the 330,000-square-foot expansion begins in April 2015, more than tripling the size of the existing facility. The 25-month project is expected to be completed in spring 2017, followed by occupancy in the fall.

Regional Hospice Palliative Care

Through engagement and close collaboration with providers, the Mississauga Halton LHIN Regional Hospice Palliative Care Steering Committee continues its work towards improving and enhancing palliative care services for all residents. Through their strategic work plan, recommendations on the development of a "Lead" vs. "Host" model for the Regional Palliative Care Program has been proposed to the LHIN.

The main focus this year was to increase access and accessibility of palliative care services and provide an opportunity for learning about current best practices in caring for patients who would benefit from a palliative care approach and included the following:

- Four Learning Essential Approaches to Palliative and End of Life Care (LEAP) Programs planned and delivered.
- Training and certification of LEAP facilitators. There are now nine trained facilitators in Mississauga Halton LHIN enabling the development of a consistent program and course delivery.
- Implementation of a Regional Spiritual and Bereavement Service Delivery Program across three hospices: Acclaim Health and Community Services, Dorothy Ley Hospice and Heart House Hospice.

- The piloting of a new model of care by the Mississauga Halton CCAC through Hospice Palliative Care Interdisciplinary Teams.
- Submission of a LEAP business case by Trillium Health Partners to the Mississauga Halton LHIN for implementation in their hospitals and long-term care facilities, and by community palliative care health practitioners.
- Hospice palliative care education for Personal Support Workers offered through the Advancement of Community Practice Initiative at the new Regional Learning Centre.
- Testing of the Earlier Identification and Prognostic Indicator Guide and Mississauga Halton CCAC Palliative Care Registry/Earlier Identification.

The Mississauga Halton LHIN continues to invest in community palliative care programs, which has helped to reduce hospitalizations, unnecessary ED visits and the average length of stay in hospitals for patients needing palliative care services.

Seniors' Strategy

Community Capacity Plan

To ensure we are prepared to meet the needs of our growing and aging population now and in the future, the Mississauga Halton LHIN commissioned the development of a Community Capacity Plan. Results and insights gained from the Community Capacity Plan will help inform and shape local health care system planning. A Seniors' Strategy Steering Committee has been established and will help advance the plan's recommendations.

The Mississauga Halton LHIN has developed a Seniors' Strategy which focuses on senior friendly hospitals, and the development of an integrated dementia care model for our older adults with complex care needs.

The strategy, is well aligned with Dr. Sinha's Living Longer, Living Well report which supports a collaborative and integrated community-based care coordination model.

Specialized Geriatric Services

Specialized Geriatric Services underwent a comprehensive provincial review, as well as a regional planning exercise. Recommendations from both will guide service provision to optimize this regional program.

Senior Friendly Hospitals

To decrease hospital-acquired delirium, the Senior Friendly Hospital working group has focused on the development of delirium indicators for all hospitals within the Mississauga Halton LHIN. In 2015-2016 the Mississauga Halton LHIN will have a LHIN specific indicator aligned with senior friendly hospitals.

In the upcoming year, the Steering Committee will focus on the development of an Integrated Dementia Care Model for Mississauga Halton. Mississauga Halton LHIN continues to monitor and sustain hospital and system improvements that will help prevent functional decline, improve the patient experience, support hospital staff and improve equity.

Regional Program for Rehabilitation and Complex Continuing Care Services

The Mississauga Halton LHIN, in partnership with its health service providers has worked towards developing a regional rehabilitative strategy incorporating Rehabilitative Care Alliance directions, best practices and stakeholder feedback to enhance patient access and flow through the system, and improve patient experience, outcomes and system integration.

Following the completion of phase-one analysis of the current rehabilitative care model, the Mississauga Halton Rehabilitative Care Steering Committee finalized the Regional Rehabilitative Care Review Report - Phase One in January 2015. This report summarizes findings from a systematic review, secondary data analyses (specifically focusing on stroke care within the LHIN as a proxy) and stakeholder consultations, and proposes a regional strategy be developed based on a best-practice model. Analysis of the impact of adopting the Provincial Rehabilitative Care Alliance Definitions Framework for Bedded Levels of Care was also completed.

The Rehab Care Alliance has been approved by the pan-LHIN CEOs to move forward on a second mandate to implement the proposed Definitions Framework and to articulate a work plan. The LHIN will be awaiting these recommendations to move forward in alignment with the provincial direction.

Enhancing Access to Addiction and Mental Health Services

The Mississauga Halton LHIN - together with Halton Healthcare Services and Trillium Health Partners, and in conjunction with the LHIN's mental health and addiction health service providers, primary care, people with lived experience and their families - began implementation of a system access model and service resolution table for people 16 years and older accessing addiction and mental health services.

Mississauga Halton LHIN's system access model - now known as one-Link - enables equitable access and coordinated care so people can receive the right addiction and mental health care, at the right time and in the right place.

In September, the development phase of one-Link was launched amongst health service providers. Repetitive testing and piloting of the processes will help refine the model before it is launched for everyone. The launch of this development phase brought together 78 individuals representing over 23 organizations, including people with lived experience and family members.

Through the leadership of the one-Link Implementation Steering Committee, many committed stakeholders collaborated over eight weeks in focused workgroups to develop the following:

- A new brand for the system access model: one-Link.
- A referral form to be used by all agencies involved.
- Protocols for service resolution.
- Opportunities to link and improve services to North Halton.

Development and implementation will continue throughout 2015-2016 with each mental health and addiction health service provider being individually incorporated into the new processes enabling appropriate testing and minimizing risk. Launch to primary care providers and the public is expected in 2016.

Mississauga Halton LHIN Telemedicine Strategy

The Mississauga Halton LHIN Telemedicine Advisory Committee is championing a culture that effectively uses telemedicine. Key successes over the last year include the following:

- Increased use of telemedicine to promote clinical bridge planning and interim post discharge follow up between agencies facilitating transfers.
- Increased use of clinical case conferencing is building capacity with opportunities for mentorship and specialist participation.
- Use of personal computer videoconferencing for behavioural supports and for a pilot project at Malton Village.

Increased awareness and use of telemedicine has been evident in the past year based on reports from Ontario Telemedicine Network (OTN). Within our region, we are working to promote increased acceptance for easier access. Client visits with psychiatrists are occurring daily

via OTN. Summit Housing in Oakville and Acton are using OTN to complete rounds and an additional site has been opened in Acton for use by other agencies.

Telemedicine has been included in the development of criteria for funding mental health and addiction, one-Link and System Resolution.

"Every Door is the Right Door" Service System

The System Integration Group for Mental Health and Addiction (SIGMHA), which is comprised of 18 members – 16 Mental Health and Addiction agencies serving in the Mississauga Halton LHIN area and two individuals with lived experience – have been working with the Mississauga Halton LHIN to improve access to an integrated, person-centred system that provides quality mental health and addiction services to all in the Mississauga Halton LHIN.

SIGMHA created a No Wrong Door Working Group to develop the building blocks for improved access to mental health and addiction services, and to implement the Toward an Every Door is the Right Door delivery system. This is a philosophy of care that will complement the work of one-Link based on eight core principles.

Core Principles

- ✔ Creating a welcoming culture
- ✔ Common practices and standards for establishing client needs
- ✔ Collaboration and information sharing
- ✔ Sharing information - informed consent
- ✔ Shared educational opportunities
- ✔ Informing the community about wait times
- ✔ Clearly stating eligibility criteria
- ✔ Timely service resolution

Peel Addiction Assessment and Referral Centre (PAARC) was identified as a lead to implement LHIN system-wide adoption of these principles among the participating agencies. A charter was created in January 2015 to demonstrate a commitment to adopting these principles and has been signed by all Mississauga Halton LHIN funded mental health and addiction organizations as well as two non-Mississauga Halton LHIN agencies: Punjabi Community Health Services (PCHS) and Salvation Army - Toronto Harbour Light. We anticipate continued support for this charter as we socialize the No Wrong Door principles across other service sectors.

Left to right: the Honourable Kevin Flynn, Minister of Labour and MPP for Oakville, Betty-Lou Kristy, Graeme Goebelle (Chair, Mississauga Halton LHIN)

A celebration and training event for addiction and mental health organizations was hosted on March 20, 2015, with participation from the community and the LHIN, as well as a keynote address from The Honourable MPP Kevin Flynn, Minister of Labour. A half-day dedicated to customer service training in health care was presented with a focus on the eight No Wrong Door Principles. The participating agencies were acknowledged with a Mississauga Halton LHIN certificate of achievement for their commitment to this philosophy of care.

ConnectingGTA

ConnectingGTA (cGTA) is a regional solution that supports the delivery of provincial electronic health records by linking and integrating electronic patient information from across the care continuum and making it available at the point-of-care to improve the patient and clinician experience.

A year ago, the ConnectingGTA team was preparing for their Limited Production Release (LPR) as well as focusing on the early planning activity for Wave 2, which

would include expanding to additional data-contributer organizations and the first-view-only organizations. One year later, the LPR version 3.0 was released with the official go-live version targeted for broader rollout June 2015. There are now 16 data-contributing sites in Wave 2 including Halton Healthcare Services. Also in Wave 2, the Mississauga Halton LHIN will be participating in the data-contributing access with four of our community health service providers.

ConnectingGTA currently captures clinical data from contributing hospitals and CCAC for approximately 2.4 million patients (36 per cent of the region's population). Of the 95 million messages captured: 50 per cent come from regional acute sources, 100 per cent of the CCAC information is being captured and 75 per cent of the regional lab results are present. Over 90 per cent of the technical solution is in place and being used by early adopters.

Trillium Health Partners, Halton Healthcare Services, along with two long-term care homes and two community support services organizations are involved in Wave 2.

Resource Matching and Referrals Business Transformation Initiative (RM&R BTI) Cluster

The goal of the RM&R BTI program is to provide a way to streamline the complex patient-referral environment across Ontario. Within the Mississauga Halton LHIN, our participating organizations - Trillium Health Partners, Halton Healthcare Services and the Mississauga Halton CCAC - have successfully implemented the Provincial Referral Standards for all defined pathways. Work continues at a provincial level to ensure all pathways are complete across all targeted organizations.

Across all 14 LHINs, the following percentages reflect completion of the Provincial Referral Standard pathways:

1. Acute to CCAC = 79%
2. Acute to LTCH = 89%
3. Acute to Rehab = 60%
4. Acute to CCC = 58%

Provincial Life or Limb

The Provincial Life or Limb Policy was activated in January 2014 and includes a "no refusal" policy so that critical patients are able to access care in a timely manner.

This "no refusal" policy means that all hospitals have committed to work together to provide timely hospital care for residents whose life or a limb is at risk. The Life or Limb Policy embraces a philosophy of care for the sickest, most vulnerable and critically ill patients, and aims to expedite access to acute care services within four hours in order to improve outcomes for patients who are "life-or-limb threatened. In addition, patients will be repatriated within 48 hours. LHIN geographic boundaries will not limit a patient's access to appropriate care in another LHIN.

In partnership with the Mississauga Halton LHIN, CritiCall Ontario, Trillium Health Partners, Halton Healthcare Services and the Critical Care Medical Lead continue their collaborative effort.

Recently, the Mississauga Halton LHIN Life or Limb and Repatriation Working Group were rolled up into the Critical Care Committee for further collective performance system management improvement. The Mississauga Halton LHIN's performance is aligned to the provincial targets and is trending extremely well.

Mississauga Halton Life or Limb System Indicators
April 2014-January 2015
(Halton Healthcare Services and Trillium Health Partners)

System Indicators	Year to Date
Number of Requests for Consult	512
Number of Cases Referred	352
Number of Cases Confirmed as Life or Limb	202
Percentage of Patients Arrived at Designated Site Within the 4-Hour Timeline	95.5%

Mississauga Halton Repatriation
June 2014-February 2015

System Indicators	Total Cases (YTD)
Repatriation - Sending	140
Repatriation - Receiving	72

FAMILY HEALTH CARE WHEN YOU NEED IT

Family Health Care When You Need It

- Improve access to family health care
- Increase linkages between family health care and other health care providers to improve communication, coordination and integration across the continuum of care

Health Links

Health Links in Mississauga Halton are wrapping supports around individuals with the most complex care needs. The Mississauga Halton LHIN has identified seven Health Link geographies and corresponding partners have been identified to lead the development of Health Links.

HealthLinks

There is currently one operational Health Link: the **East Mississauga Health Link**. Readiness assessments have been submitted to the Ministry of Health and Long-Term Care by all Health Links within the LHIN, while six of seven have submitted business plans for their Health Link.

HEALTH LINK	LEAD
Halton Hills	Halton Hills Family Health Team and LinksZCare
Milton	Prime Care Family Health Team and Summit Housing & Outreach Programs
Oakville	OakMed Family Health Team and Acclaim Health
East Mississauga	Summerville Family Health Team and Trillium Health Partners
North West Mississauga	Nucleus Independent Living and Credit Valley Family Health Team
South West Mississauga	Mississauga Halton CCAC
South Etobicoke	LAMP Community Health Centre

The East Mississauga Health Link, under the leadership of Summerville Family Health Team and Trillium Health Partners, continued to provide enhanced care coordination to over 108 patients with complex medical needs and difficult social circumstances during the past year. Through the collaboration and support of health and social service providers, patients and families were connected to primary care providers and participated in coordinated care planning.

This intensive care coordination has contributed to a 36 per cent reduction in the number of visits to the emergency department and a 34 per cent reduction in admissions to hospital since this patient group began receiving Health Link Services. Qualitative survey results of patients and providers yielded positive responses.

Connecting the Health Links is a regional forum for collaboration that includes representatives from all seven Health Links in the Mississauga Halton LHIN. The forum allows members to identify and address common issues that impact all Health Links, promotes consistency, minimizes duplication and supports learning.

To support the work of Connecting the Health Links, a Health Links Secretariat was created to provide a pooled resource to support the common agenda. Initial areas of focus identified as common tasks include communication and engagement plans, data collection for regional and provincial reporting, and development of regional processes for Health Link patient identification.

Primary Care Integration Strategy

To support Family Health Care When You Need It, a **Primary Care Integration Strategy** was developed identifying several resources to increase capacity and engagement of primary care providers. These are outlined below.

Primary Care Database

The LHIN-wide Primary Care Database will support enhanced communication with primary care providers in an efficient and coordinated manner. It will also allow for the development of primary care provider profiles within the LHIN to better understand needs, both individually and as a sector, enabling more targeted information sharing.

Primary Care Network

The Primary Care Network was launched, building off the successes of networks developed across the province. As a hub-and-spoke model, the spokes are aligned with Health Link geographies and will allow two-way communication between primary care providers and the health care system. This will promote information sharing to enhance provider awareness of resources available within the system. The Primary Care Network will also provide a structure for primary care providers to voice their needs, share observations and provide feedback to committees seeking a primary care perspective.

Primary Care Network website

A Primary Care Network website has been developed to provide a central location for information and promote networking and collaboration.

e-Compendium of Specialty Care

The Primary Care Network partnered with the Mississauga Halton CCAC to develop an eCompendium of Specialty Care. This compendium will build awareness of the specialty care resources that exist within the LHIN, and more specifically, will provide the details required to make appropriate referrals the first time with the necessary background information and testing.

Primary Care Clinic Day

The Primary Care Network also joined forces with the LHIN to host the second-annual Primary Care Clinic Day on March 27, 2015. This event supported clinical skill development by providing educational sessions on a range of topics such as geriatrics and palliative care. It was also an opportunity to showcase regional programs and initiatives through a health service provider information fair.

Primary Care Advisors

Primary care advisors will provide an opportunity to engage with primary care providers across the LHIN on an individual basis. Advisors will communicate key system-level strategies reflecting the full continuum of care to primary care providers. They will also support health service providers to create effective engagement strategies for this sector.

"My reception has been warm - I might even venture to say that the doctors I met seemed hungry for this service, like it was too good to be true." - ***Jennifer Tran, Primary Care Advisor***

eConsult Initiative

Through the Ministry of Health and Long-Term Care's Provincial eConsult Initiative, the Mississauga Halton LHIN partnered with Champlain LHIN as their regional partner to participate in the evaluation of their existing eConsult service model. Physicians can consult with a colleague practising in one of 64 specialties to seek advice on patient care.

Thus far, 67 primary care providers have registered with another 48 in the process, far surpassing the target of 50. In addition, eight specialties are now represented by local Mississauga Halton specialists.

Feedback from local physicians has been positive. They state eConsult provides them with "timely responses to clinical questions." The average response time for an eConsult is two days. It eliminates "the guesswork and ensures best practice" through "practical and educational responses."

Investing in Diabetes Education

The Mississauga Halton LHIN supported Trillium Health Partners to develop and implement a community pharmacist's education program to increase support for diabetics that need urgent insulin initiation from inpatient units, emergency departments and endocrinologist's offices. Support is provided both after hours, on weekends and/or as a first contact prior to attending a Diabetes Education Program (DEP).

DEPs provide individuals with the tools, skills and confidence needed to properly self-manage their diabetes and enable them to live healthy lives. "Pharmacists" actively partner with the DEPs and refer patients back to the program as part of the circle of care.

In addition, a regional learning needs assessment was developed and administered to all DEP staff to identify regional learning needs and establish a plan. Training opportunities were identified to share training resources between Trillium Health Partners and Halton Healthcare Services to optimize resources and contribute to regional standardization of training for DEP staff leading Type 2 Diabetes classes.

Diabetes Foot Care

The Mississauga Halton High Risk Diabetes Foot Care Program was launched in May 2014 by Halton Healthcare Services with three community locations. This preventative foot care program was established to support individuals with diabetes who are at high risk for complications and don't otherwise have access to preventative foot care support.

The program is staffed by chiropodists and registered practical nurses with foot care expertise. In 2014-2015, eight accessible community locations were established with more anticipated in 2015-2016. Foot care self-management Peer Education Program (PEP) workshops will be established in collaboration with the DEPs. These self-management workshops will support the High Risk Diabetes Foot Care Program. A standardized screening tool and eligibility criteria for the High Risk Foot Care Program has been established. Extensive training on the referral process and implementing the "60-second" foot assessment has been provided to all DEPs. Foot care services were provided to 415 individuals in 2014-2015.

Diabetes Rapid Consult

We have heard from primary care providers that referring patients with diabetes to specialists can often be a challenge due to long wait times. Further, knowledge sharing between primary care providers and specialists is often not quick enough.

Mississauga Halton LHIN's new Diabetes/Chronic Disease Prevention and Management (CDPM) Medical Lead is helping address these challenges. Led by the CDPM Medical Lead, a Diabetes Rapid Consult working group was formed to create a framework to address referrals to Endocrinology. This group has also worked with Champlain LHIN to learn from and adapt their existing program and technology. Consisting of a platform and process for primary care providers to ask specialists non-urgent questions around patient care, this system results in faster care while reducing the number of referrals to specialists. The Diabetes Rapid Consult working group has harnessed this e-consult technology to create more support for primary care providers, improve knowledge sharing and reduce unnecessary referrals, thus improving wait times for patients.

The DEPs and the Mississauga Halton LHIN Central Intake are working to improve communication and knowledge sharing between primary care providers and specialists.

Transforming Health Care through Electronic Medical Record (EMR)

An EMR is a systematic collection of electronic health information about an individual patient or population. Broad adoption of EMR systems will lead to health care savings, reduce medical errors and improve health.

As of March 31, 2015, the Mississauga Halton LHIN EMR implementations reflect an 86 per cent adoption rate by family practices. This is a nine per cent increase that took place over fiscal 2014-2015 and is 4 per cent higher than the provincial average.

Mississauga Halton LHIN Trending	Adoption	Provincial Average
Q1 (June 2014)	79%	78%
Q2 (September 2014)	82%	80%
Q3 (December 2014)	84%	82%
Q4 (March 2015)	86%	82%

Hospital Report Manager (HRM)

OntarioMD's Hospital Report Manager (HRM) speeds up access to information, enabling physicians to receive direct electronic hospital discharge reports into their patient's medical record within 30 minutes of transcription.

Halton Healthcare Services has been online with HRM for one year. Physicians have experienced a reduction in reporting wait time associated with receiving discharge reports, increased level of awareness of their patient activity within an acute setting and the ability to proactively plan follow-up appointments with their patients. Trillium Health Partners is dependent on the transition of data through ConnectingGTA with testing to begin as early as May 2015.

Improving Care Transitions through Technology

Technology is being used to improve transitions from hospital to home by sharing information in a timely way with providers involved in planning a patient's care. After a successful pilot at Trillium Health Partners, Credit Valley site, the program is now in place across the region with 80 per cent of primary care physicians accessing related patient information. Primary care providers are notified upon a patient's admission or discharge from an acute care facility in the Mississauga Halton LHIN.

Ongoing business process redesign between hospitals and primary care, and where applicable CCAC, will ensure that the information communicated continues to evolve to meet the needs of both patients and community care providers. These strategies promote improved care coordination, especially at the point of discharge, and are expected to facilitate a reduction in hospital readmissions and better supported transitions home.

ENHANCED COMMUNITY CAPACITY

- Enable people to stay in their homes longer
- Provide integrated services that bring care closer to home

Enhanced Community Capacity

Community Capacity Study

The aging population continues to be a major theme in the Mississauga Halton LHIN. Over the next 10 years, the percentage of people aged 75 and older will grow by approximately 55 per cent. This growth creates increasing demands on our health care system, and we are challenged to find sustainable solutions to maintain and improve health care for patients and seniors.

To ensure we are prepared to meet the needs of the Mississauga Halton LHIN's growing and aging population now and into the future, the Mississauga Halton and Central West LHINs jointly contracted with Preyra Solutions Group to develop a Community Capacity Plan. The report, ***Meeting Senior Care Needs Now and in the Future: A Community Capacity Plan for the Mississauga Halton LHIN,*** was released to the steering committee in February 2015 with the final plan anticipated in May 2015. The plan evaluates the level and mix of health services required by the growing and aging populations in the Mississauga Halton LHIN, including an assessment of current and future capacity and need for community-based health services for seniors.

Community engagement is an integral part of the LHIN model and central to support LHIN decision making. Over the past year, the project consulting team, along with members of the project steering team, engaged community and hospital care providers, planners, seniors and caregivers about their priorities for community-based senior care - including process changes, population targeting and service expansion - to inform recommendations and findings in the plan.

The Community Capacity Plan provides an opportunity for the LHIN to dig deeper into the findings to identify areas of focus and explore possible new approaches to care by understanding best practices.

The Community Capacity Plan complements Mississauga Halton LHIN's and our health service providers' efforts to help seniors live independently at home and provides further insights on how to create more access to care in the community. It also aligns and supports Patients First, our government's road map to strengthen home and community care as well as Bringing Care Home, the Report of the Expert Group on Home and Community

"Over the next 10 years, the percentage of people aged 75 and older will grow by approximately 55 per cent."

Care led by Dr. Gail Donner. Our joint commitments will create a more sustainable health care system for seniors and all Ontarians.

Results and insights gained from The Community Capacity Plan will help inform and shape local health care system planning in the Mississauga Halton LHIN.

Caregiver Respite Program

The Caregiver Respite Program provides respite services tailored to caregivers whose loved ones have high needs. Respite Advisors have been put in place to provide caregivers assistance, with choice and navigation through the program. Central Registry, with one number to call, provides easy referral to the program.

In 2014-2015, accomplishments included:

- Implementation of monthly minimum usage of eligible respite hours, and reallocation of funding to support higher-needs clients (80 per cent of funding going to highest needs).

- Expanded on-site adult day services bathing program in select sites.
- Implemention of the Respite Advisors' role to assist caregivers in their journey.
- Launch of the Central Registry website enabling electronic referrals and a central private information repository.
- Completion of the University of Waterloo research study on In-Home Respite Services.
- Development of a Respite Inventory List.
- Review of Long-Term Care (LTC) homes short stay beds and community beds used for respite providing recommended changes to the complement.
- Transformation of two recovery beds at OSCR to short stay respite beds.
- Creation of videos and a brochure for Adult Day Services to assist the consumer in site selection.

Caregiver Respite Program Services

- Caregiver Counselling, Knowledge Exchange and Support
- Emergency/Crisis Respite Care
- Short Stay Respite
- In-Home Respite Care
- Adult Day Services Referrals

We continue ongoing analysis of referral patterns and service usage data to identify gaps and barriers to services, so caregivers get respite they need so that they can continue to care for their loved ones at home.

Caregiver Respite In-Home Services Research Study

While the contribution of informal caregivers has been recognized as a crucial factor in health system sustainability, limited attention has been paid to how best to support caregivers.

The objective of the research collaborative between the University of Waterloo and the Mississauga Halton LHIN was to evaluate Caregiver Respite In-Home Services in order to identify if the right individuals were targeted for the service (high-need/high-acuity individuals and their caregivers), if the service provided a positive impact that could be measured, and if there was a return on investment from the service.

Initial analysis indicates that the Caregiver Respite In-Home Service has been potentially delaying LTC admission, resulting in an annual saving to the system of an estimated $1.1 million over the two years of the program. Further, the analysis suggested that some quality-of-life indicators experienced by the caregiver predict care recipient admission to LTC. Results are being used to inform interRAI's ongoing refinement of the interRAI Caregiver Survey. The study included the development of a new caregiver respite assessment survey which will be trialled internationally.

In summary, the research study demonstrated that the Caregiver Respite In-Home Respite Service

- Is using appropriate eligibility criteria.
- Has been focusing on caregivers with high-respite needs (the targeted group).
- Has a positive impact on caregivers.

This is a successful service that has been enabling community dwelling frail elderly to age in place. The outcome of the research and the return on investment report will be provided to the Mississauga Halton LHIN in June 2015.

Advancement of Community Practice and Building a Regional Learning Centre

The Advancement of Community Practice initiative is comprised of six collaboratives that enhance the capacity

of community support services providers and ensures standardized operating procedures. The six collaboratives include the following:

- Caregiver Respite Services
- Education and Development
- Medication Management
- Incontinence
- Falls Prevention and Exercise
- Behaviours

Building Community Knowledge and Practice through an Innovative Educational Resource

The Mississauga Halton LHIN officially opened the new Regional Learning Centre in September 2014. Located within a community hub environment in the heart of the region, the centre was designed to strengthen the skills and abilities of direct care providers in our communities through education, development and focused learning. This transfer of new knowledge and best practice skills will enable direct care providers to achieve enhanced levels of expertise and standards of care.

In the first year of the program, four Community Educators delivered comprehensive, standardized, evidence-informed educational opportunities for all health service providers' staff and caregivers within the Mississauga Halton LHIN region on a variety of topic areas that included the following:

- Hospice Palliative Care
- interRAI Training/Refresh (assessment skills)
- Enhanced Personal Support Worker
- Health Equity

Community Educators are also available on a mobile basis with access to IT services and mobile projectors enabling educators to come to the practitioners' environment even if they are unable to attend the learning centre.

This year, the Community Educators completed an education needs assessment of all community service providers and established education sessions for the interRAI Community Health Assessment (CHA) training and refresher courses.

Regional Learning Centre Educational Sessions: June 2014-March 2015	Total Number
Total number of participants for on-site training	1022
Total number of educational sessions held at the Mississauga Halton Regional Learning Centre	99
Total number of off-site educational sessions	7
Total number of participants for off-site educational sessions	168

(L-R) Mark Spence, Interim Executive Director, Links 2Care, Bill MacLeod, CEO – Mississauga Halton LHIN, Kevin Flynn, MPP – Oakville, Graeme Goebelle, Chair, Mississauga Halton LHIN, Gary Carr, Halton Regional Chair, Judy Bowyer, Sr. Director, Mississauga Halton LHIN, Beverley John, CEO, Nucleus Independent Living

"Congratulations to the Mississauga Halton LHIN on this innovative and exceptional initiative to build knowledge capacity in the community sector. This investment will further ensure the ongoing development of care and services. Mississauga Halton is a fast-growing region and needs innovations such as this to advance the quality agenda."

- Dr. Eric Hoskins, Minister of Health and Long-Term Care

MISSISSAUGA HALTON LHIN REGIONAL LEARNING CENTRE

Physiotherapy Expansion

The Mississauga Halton LHIN worked closely with the Ministry's team to put into action a comprehensive program for community and primary care that would expand publicly funded physiotherapy and exercise and falls prevention classes.

Community Exercise and Falls Prevention

As of August 1, 2014, Acclaim Health entered into a partnership with Bayshore Therapy & Rehab (formerly ptHealth) to provide the regional Community Exercise and Falls Prevention programming.

In July 2014, the Mississauga Halton LHIN launched a new Osteoporosis Education and Exercise Program as a part of the Community Exercise and Falls Prevention initiative.

As of March 31, 2015, there were a total of 60 sites offering both exercise and falls prevention programming, with a total capacity serving 8,700 unique individuals. Also included in this is specialized exercise programming for those seniors with dementia.

In-Home Physiotherapy

Mississauga Halton CCAC provides one-to-one in-home physiotherapy to residents who require these services in their home. The CCAC has introduced three streams of new programming based on the care coordinators assessment of patients' needs:

1) Rehabilitate to Independence
2) Restore to Optimal Function
3) Maintain and Prevent Decline in Function

In addition, in January 2014 the Rapid Recovery program was introduced. The program evolved from the concept of early discharge and enhanced services (Assess & Restore). The Rapid Recovery program aims to alleviate pressures in the hospital by transitioning rehab patients home on enhanced services for two weeks to free up hospital beds.

Physiotherapy in Primary Health Care

In April 2013, the Ministry of Health and Long-Term Care announced that Ontario would be integrating physiotherapists into the following primary health care settings: Aboriginal Health Access Centres, Community Health Centres, Family Health Teams and Nurse Practitioner Led Clinics to integrate physiotherapy into existing interdisciplinary primary health care programs. Summerville Family Health Team and LAMP Community Health Centre were both awarded physiotherapy resources for their teams.

OPTIMAL HEALTH - MENTAL AND PHYSICAL

- Increase healthy habits and prevention of disease
- Build partnerships for healthy communities

Optimal Health – Mental & Physical

Regional Integrated Chronic Disease Prevention and Management Strategy

The Mississauga Halton LHIN Chronic Disease Prevention and Management Regional Advisory Working Group is a multi-sectoral committee comprised of leaders of regional chronic disease programs, local health, community and social service providers and persons with lived experience. The committee has completed a review of models around the world, developed recommendations specific to Mississauga Halton and has created a first draft of **the Mississauga Halton LHIN Chronic Disease Prevention and Management Model**. Engagement of key stakeholders for adoption and use of the model has begun. Through multiple stakeholder engagements, the Chronic Disease Prevention and Management Regional Advisory Working Group has created a strategic plan for 2015-2016 to begin implementation as of April 1, 2015.

Centralized Intake for Patients with Chronic Diseases

The Central Intake program's mandate was expanded in 2014 to include managing referrals for the Mississauga Halton Diabetes Foot Care Program and providing central intake support for the developing system access model for adult addiction and mental health services within the Mississauga Halton LHIN.

Central Intake for DEPs uses a common referral form and objectives include the following:

- Single point of access.
- Coordinate referrals to right care, right place, right time.
- Integrated communication between all parties.
- Collect data for system planning and quality improvement.
- Support consistency and best practice among services.

In order to support the streamlined access objective and manage the increasing volume of referrals, Halton Healthcare Services entered into a partnership with Novari Health to develop and implement an eReferral solution to meet the business and clinical needs identified for the Central Intake program. This new eReferral system will enable efficient referral management between referring sources, live data capturing and patient status updates, and secure communication between stakeholders. The project will be implemented in four phases in 2015.

Over 6000 Diabetes Education Program referrals were processed through Central Intake in 2014-2015, which represented a 212 per cent increase versus 2013-2014.

On November 17, 2014, the system went live enabling eReferrals between the Central Intake program and the DEPs. Over 6000 DEP referrals were processed through Central Intake in 2014-2015, which represented a 212 per cent increase versus 2013-2014.

HIGH QUALITY, PERSON-CENTRED CARE

- Support and foster a quality culture across the continuum of care
- Value people's experiences to support system improvement
- Apply a health equity lens for the delivery of health care services

Health Equity

Focusing on quality has become a clear priority of the province, the Mississauga Halton LHIN and our health service providers. This includes applying a health equity lens to our work to ensure that people who are in the greatest need of health care receive it and barriers to receiving care are eliminated.

The Mississauga Halton LHIN System Planning Advisory Committee on Health Equity provides advice on health equity priorities, builds on work currently underway and influences future health equity work. This year, they focused on two priorities in an effort to increase system health equity capacity: health equity training, and education and health equity data collection. The committee will inform the delivery of requirements under 2014-2017 accountability agreements, increasing corporate understanding and awareness of health equity, and put into use the Ontario Health Equity Impact Assessment Tool (HEIA).

Another key focus for the Mississauga Halton LHIN System Planning Advisory Committee on Health Equity was on data-collection initiatives aimed at collecting socio-demographic data, to apply an equity lens to better understand health outcomes as well as inform program development and organizational outreach to marginalized groups.

Health Equity symposium keynote speaker Dr. Kwame McKenzie

To aid in the development of understanding health inequities, a workgroup was established to review the tri-hospital "We Ask Because, We Care" report. Key questions were identified to shape a survey on the types of socio-demographic data currently being collected by our HSPs and community partners. The findings will be used to design a foundational framework, which will help inform a standardized data-collection tool and focused implementation sites.

The Mississauga Halton LHIN hosted its second-annual Health Equity Symposium in March 2015. The focus of the symposium was to provide a better understanding of the why, how and what behind collecting socio-demographic client data. The symposium keynote speaker was Dr. Kwame McKenzie, an international expert from the Wellesley Institute and the Centre for Addiction and Mental Health, who provided great insight into the importance of data collection.

Community Care Information Management (CCIM)

The strategic vision of Community Care Information Management (CCIM) is to provide seamlessly integrated, community-based client care where all service providers can securely share and access consistent and accurate information electronically. Assessment projects include Integrated Assessment Record (IAR), Ontario Common Assessment of Need, Community Support Services Common Assessment Project and interRAI CHA. The IAR is an application that allows authorized users to view a consenting client's assessment information to effectively plan and deliver services to that client.

All of the qualified Mississauga Halton LHIN organizations targeted to implement IAR are now complete. IAR, now in sustainment mode, will work on reporting for the LHINs and support adoption where possible.

Creating an Integrated Health Care System

Over the last fiscal year, 25 integrations have begun, continued or been completed. Of these, four were voluntary and 21 were funded integrations. Many of these integrations are highly complex with multiple levels of coordination and partnering by a number of entities including hospitals, CCAC, community support services and mental health and addiction services.

VOLUNTARY INTEGRATIONS	
Integrated Transitions Management: Hospital & CCAC – Phase 2	Continued work by the Mississauga Halton CCAC and Trillium Health Partners - Credit Valley site to pilot a new care model that promotes seamless transitions from hospital to home through a coordinated "team" planning effort.
Chronic Kidney Disease: Peritoneal Dialysis in Long-Term Care Homes	Coordination of services and partnerships of the two Chronic Kidney Disease Regional Centres with two LTC homes, increasing access to peritoneal dialysis for patients admitted to LTC Homes.
Chronic Obstructive Pulmonary Disorder (COPD) PRIISME Project	Coordination and partnering between health service providers and GlaxoSmithKline's PRIISME (optimal management of chronic diseases) to develop an evidence-based, chronic disease management program to meet the needs of individuals with COPD. It will serve to improve access to care, enhance the coordination of care and linkages across the various sectors involved, and ensure the integration of best-practice guidelines. This is an ongoing initiative being highlighted.

FUNDED INTEGRATIONS	
Advancement of Community Practice (Six Collaboratives: Education and Knowledge, Behaviours, Respite, Exercise & Falls Prevention, Medication Management, Continence)	Being developed to create an environment of continued learning, provide a focused point for operationalizing "Best Practice" and "Ongoing Sustainability of Practice," provide a mechanism for centralizing discussion, resources and decisions on implementation (e.g., implementation of new tools, learning resources, etc.) and increasing access to services, to improve the health of those living in the Mississauga Halton LHIN community by enhancing the competency of front-line staff/managers, and to enhance the capacity of the Community ensuring standardized operating procedures and practices. In September 2014, the new Regional Learning Centre opened and is partnering with community agencies and the collaboratives.
Centralized Intake Program for Diabetes Services	Developing a LHIN-wide centralized intake process for access to diabetes services. The goal is to develop and implement a system role for improving access to diabetes services through a single point of integrated access and ensuring equity with the appropriate routing of referrals. System-level data on system performance will be provided to ensure timely and equitable access to service.
Mental Health System Access & Service Resolution	Development of a system access model known as one-Link and a service resolution table provides improved coordinated service access and support through a single point of contact for clients and service providers as well as the ability to move service issues to a joint "table" for resolution. Change management is a major area of focus.

MINISTRY LHIN PERFORMANCE AGREEMENT - MLPA

The MLPA establishes a mutual understanding between the Ministry and the LHIN, and outlines respective targets focusing on system performance and financial accountabilities within a pre-defined period of time. The following table outlines Mississauga Halton LHIN's performance against targets for 2014-2015.

Performance Indicator	LHIN 2014-15 Starting Point	LHIN 2014-15 Performance Target	Most Recent 2014-15 Performance	FY 2014-15 LHIN Annual Result
1: Access to healthcare services				
190th percentile ER length of stay for admitted patients	37.73	28.00	39.72	34.60
90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.23	7.00	6.22	6.12
90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.60	4.00	3.55	3.58
Percent of priority IV cases completed within access target (84 days) for cancer surgery	94.00%	90.00%	92.79%	96.25%
Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	99.20%	90.00%	99.00%	99.00%
Percent of priority IV cases completed within access target (182 days) for cataract surgery	92.00%	90.00%	90.86%	95.83%
Percent of priority IV cases completed within access target (182 days) for hip replacement	95.00%	90.00%	94.12%	97.02%
Percent of priority IV cases completed within access target (182 days) for knee replacement	89.00%	90.00%	80.47%	80.41%
Percent of priority IV cases completed within access target (28 days) for MRI scans	27.00%	45.00%	18.96%	21.12%
Percent of priority IV cases completed within access target (28 days) for CT scans	78.00%	80.00%	45.34%	51.35%
2: Integration and coordination of care				
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	10.83%	10.50%	14.45%	12.27%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	22.00	21.00	23.00	28.00
3: Quality and improved health outcomes				
Readmission within 30 Days for Selected CMGs**	14.06%	13.50%	16.36%	15.32%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.50%	16.00%	17.63%	16.35%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	21.60%	21.00%	25.54%	25.13

Green = indicator met the Mississauga Halton LHIN target; Red = indicator did not meet the Mississauga Halton LHIN target

*FY 2014-15 is based on most recent four quarters of data (Q4 2013-14 - Q3 2014-15) due to availability
**FY 2014-15 is based on most recent four quarters of data (Q3 2013-14 - Q2 2014-15) due to availability
Target met with performance corridor +/- 10%

HEALTH SYSTEM PERFORMANCE AND ACCOUNTABILITY

The Mississauga Halton LHIN reports quarterly to the Ministry of Health and Long-Term Care through the stocktake reporting process. There are 15 performance indicators in the areas of access, efficiency and quality. As of Q4 2014-2015, the Mississauga Halton LHIN continued to make good progress against stated targets, meeting or performing better in eight of its 15 indicators identified in the MLPA. In the seven indicators whereby performance was outside the range, the following action plans have been put in place:

90th Percentile Wait Time for Admitted Length of Stay (28 hours)

Although an improvement of eight per cent occurred in this metric year over year, access to inpatient beds was challenging for part of the 2014-2015 fiscal year due to complexity of patients within the hospital and the ability to transition to the community. The opening of the new Oakville Hospital in December 2015 will expand capacity for hospital-based services and will help to improve access to those requiring hospital services most.

Percent of priority IV cases completed within access target (28 days) for MRI scans

Due to the nature of the Mississauga Halton LHIN's population growth and demand for MRI, there are plans for future increases in both infrastructure and capacity to help support the projected demand, through the opening of the new Oakville Hospital in December 2015.

Percent of priority IV cases completed within access target (28 days) for CT scans

CT scans are one of the most used diagnostic tools in the emergency department. With increased demand for emergency services, the demand for CT scans has grown. With limited ability to increase CT scans, patients who require the services most are receiving excellent diagnostic care, while those considered less urgent wait about 40 days for a CT scan.

Alternative Level of Care (Acute, closed cases)

The Mississauga Halton LHIN continues to manage exceptionally well with capacity constraints in the community and long-term care; however, patients are unable to access appropriate care in alternative destinations in a timely manner. The LHIN continues to work with partners to improve system-level processes to support transitions to other care settings more appropriate to meet the care needs of the patient.

90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)

Due to improvement strategies implemented by the CCAC in 2014-2015, this indicator has improved to 23 days and has been sustained over the last six months.

Readmission within 30 Days for Selected CMGs

#1 in Province
The LHIN ranks first in the province in Readmission within 30 Days for Selected CMGs with a rate of 15.32 per cent.

The LHIN ranks first in the province with a rate of 15.32 per cent. With increased demand for hospital-based services, partners continue to work together to ensure patients are able to be transitioned to the community appropriately.

Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions

This indicator remained steady in 2014-2015, with an average of 25 per cent. In response to the changing demographics and preferences of this population, a number of improvement initiatives have been identified, including planning for residential withdrawal management and the Community Addiction Liaisons to the Emergency Department to improve transitions and continuity from crisis to stable care from EDs to community services in the Mississauga Halton LHIN geography.

OPERATIONAL PERFORMANCE

The Mississauga Halton LHIN allocated $1.41 billion to health service providers over this past year, to help move forward the Ministry of Health and Long-Term Care's key priorities and the five objectives identified in the Mississauga Halton LHIN IHSP.

The LHIN's significant new investments were in Supports for Daily Living, mental health and addiction strategies, reduction in hospital emergency wait times, alternate level-of-care initiatives as well as planning and implementation of Health Links. Increased funding was also provided to hospital, home care and long-term care agencies. We continue to be actively engaged in the funding and performance management of 73 Service Accountability Agreements for 58 unique health service providers.

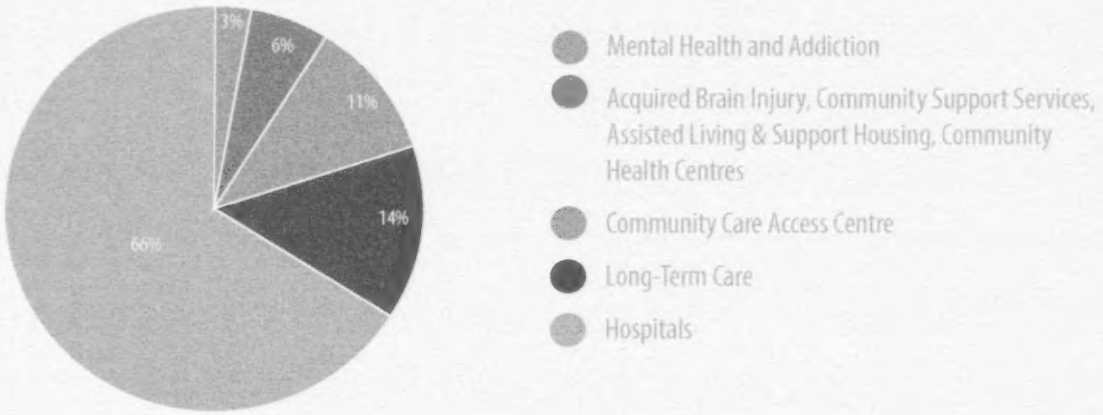
The Mississauga Halton LHIN successfully operated within their total budget of $6.19 million. The total budget is made up of $4.11 million for LHIN operations and $2.08 million for other projects including Enabling Technologies for Integration (previously known as eHealth), Diabetes Regional Coordination Centre Program, French Language Services and others.

The LHIN's core mandate under the *Local Health System Integration Act* (LHSIA) is to plan, fund and integrate the local health system. The LHIN is organized into functional departments as follows: Health System Development and Community Engagement, Health System Performance and Integration, Finance and Risk Management, Decision Support and Information Management. Supporting these functions are staff dedicated to Governance, Quality Improvement and Communication. The staffing of the LHIN consists of a lean, dynamic and innovative team of approximately 36 employees who are actively engaged in moving forward the Mississauga Halton LHIN's initiatives with the collaboration of the LHIN's health service providers.

LHINs spend a very small amount on administration and far less than average organizations in the public and private sector. Our LHIN managed over $1.41 billion in funding this year, but only 0.44 per cent of our budget goes toward LHIN administration.

The Mississauga Halton LHIN's strong relationship with our health service providers has been instrumental in bringing forward health system improvements and system sustainability through innovative solutions, and the effective and efficient use of scarce resources.

Funding Distribution 2014-2015



Mississauga Halton LHIN Funded Health Service Providers

Health service providers play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with Mississauga Halton LHIN goals. The Mississauga Halton LHIN plans, coordinates, integrates, funds and monitors local health service providers, including hospitals, community support services, long-term care homes, mental health and addiction services, and a community care access centre.

Community Care Access Centre

- Mississauga Halton Community Care Access Centre

Community Health Centres

- Lakeshore Area Multi-Services Project Inc. (LAMP)

Community Support Services

- Acclaim Health and Community Care Services
- Alzheimer Society of Peel
- The Arthritis Society
- BALANCE - Blind Adults Learning About Normal Community Environment
- The Canadian Hearing Society
- Canadian National Institute for the Blind - CNIB - Ontario Division(Halton/Peel)
- Canadian Red Cross - Peel Branch
- City of Mississauga - Next Step to Active Living Program
- The Corporation of the Town of Halton Hills
- Dixie Bloor Neighbourhood Drop-In Centre
- Dorothy Ley Hospice Inc.
- Forum Italia Community Services - MICBA
- Halton Healthcare Services Corporation - Supportive Housing
- Heart House Hospice Inc.
- India Rainbow Community Services of Peel
- Ivan Franko Home
- Joyce Scott Non-Profit Homes Inc.
- Links2Care
- Milton Meals on Wheels
- Nucleus Independent Living
- Oakville Kiwanis Meals on Wheels
- Oakville Senior Citizens Residence
- March of Dimes Canada – Peel
- Peel Cheshire Homes Inc.
- Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS)
- Peel Senior Link
- Regional Municipality of Halton - Supportive Housing
- S.E.N.A.C.A. Seniors Day Program
- Seniors Life Enhancement Centres
- Trillium Health Partners - CSS
- Victorian Order of Nurses - Peel Branch
- Wawel Villa Incorporated
- Yee Hong Centre for Geriatric Care
- Wesburn – City of Toronto

Hospitals

- Trillium Health Partners
- Halton Healthcare Services Corporation

Long-Term Care Homes

- Allendale - The Regional Municipality of Halton
- Bennett Health Care Centre
- Cawthra Gardens Long Term Care Community
- Cooksville Care Centre
- Dom Lipa Nursing Home (Slovenian Linden Foundation)
- Eatonville Care Centre
- Erin Mills Lodge Nursing Home (Devonshire Erin Mills Inc.)
- Extendicare - Halton Hills
- Extendicare - Mississauga
- Labdara Lithuanian Nursing Home
- Leisureworld Caregiving Centre - Mississauga
- Leisureworld Caregiving Centre - Streetsville
- McCall Centre Long Term Care Interim Unit - Trillium Health Centre
- Mississauga Long Term Care Facility
- Northridge Long Term Care Facility
- Post Inn Village - The Regional Municipality of Halton
- Sheridan Villa - Regional Municipality of Peel
- Specialty Care Mississauga Road
- Tyndall Seniors Village Inc.
- Villa Forum Nursing Home - MICBA
- Village of Erin Meadows - Oakwood Retirement
- The Waterford Regency Care
- The Wenleigh
- Wesburn Manor – The City of Toronto Long Term Care Homes & Service Division
- West Oak Village Long-Term Care Facility
- The Westbury
- Wyndham Manor - Halton Healthcare Services LTC Inc.
- Yee Hong Centre for Geriatric Care

Mental Health & Addiction

- Canadian Mental Health Association - Halton Branch
- Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment (ADAPT)
- Halton Healthcare Services Corporation - Community Mental Health
- Halton Recovery House & Hope Place Women's Treatment Centre
- North Halton Mental Health Clinic – The Regional Municipality of Halton
- Supported Training and Rehabilitation in Diverse Environments (STRIDE)
- Summit House
- Support & Housing – Halton
- The Peel Addiction Assessment and Referral Centre (PAARC)
- Trillium Health Partners - Community Mental Health

Financial statements of

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

as of March 31, 2015

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

March 31, 2015

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Deloitte.

Deloitte LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2015, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2015 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 8, 2015

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	**524,558**	735,688
Accounts receivable	**64,990**	43,234
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**6,291,900**	5,375,200
	6,881,448	6,154,122
Liabilities		
Accounts payable and accrued liabilities	**422,417**	540,344
Accounts payable HSPs transfer payments (Note 3)	**6,291,900**	5,375,200
Due to MOHLTC (Note 4b)	**166,825**	211,400
Due to the LHIN Shared Services Office (Note 5)	**6,126**	5,884
Due to other LHIN	**47,635**	56,294
Deferred capital contributions (Notes 6)	**95,996**	99,920
	7,030,899	6,289,042
Net debt	**(149,451)**	(134,920)
Commitments (Note 7)		
Non-financial assets		
Prepaid expenses	**53,455**	35,000
Tangible capital assets (Note 8)	**95,996**	99,920
	149,451	134,920
Accumulated surplus	**-**	-

Approved by the Board

Graeme Goebelle, FCPA, FCA
Chair

Ron Haines, FCPA, FCA
Vice Chair

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Statement of operations
year ended March 31, 2015

	Budget (Note 9)	2015 Actual	2014 Actual
	$	$	$
Revenue			
MOHLTC Funding			
HSP transfer payments (Note 3)	**1,368,069,952**	**1,406,724,984**	1,373,184,623
LHIN Operation	**4,115,693**	**4,080,678**	4,140,530
Project Initiatives			
Diabetes Regional Coordination Centre Program	**1,288,626**	**1,288,626**	1,311,310
French Language Health Services	**106,000**	**106,000**	106,000
Aboriginal Engagement	**5,000**	**5,000**	5,000
Emergency Department (ED) Lead	-	**75,000**	75,000
ER/ALC Performance Lead	-	**100,000**	100,000
Critical Care Lead	-	**75,000**	75,000
Primary Care Lead	-	**75,000**	75,000
LHIN Enabling Technologies for Integration Project Management Office (ETI PMO)	-	**265,249**	620,159
Amortization of deferred capital contributions (Note 6)	-	**38,939**	36,314
	1,373,585,271	**1,412,834,476**	1,379,728,936
Funding repayable to the MOHLTC (Note 4a)	-	**(166,825)**	(211,400)
	1,373,585,271	**1,412,667,651**	1,379,517,536
Expenses			
Transfer payments to HSPs (Note 3)	**1,368,069,952**	**1,406,724,984**	1,373,184,623
General and administrative expense LHIN operation (Note 10)	**4,115,693**	**4,036,308**	4,103,818
Project Initiatives (Note 11)			
Diabetes Regional Coordination Centre Program	**1,288,626**	**1,214,351**	1,185,648
French Language Health Services	**106,000**	**105,871**	104,764
Aboriginal Engagement	**5,000**	**4,359**	1,706
Emergency Department (ED) Lead	-	**72,135**	72,403
ER/ALC Performance Lead	-	**99,689**	99,817
Critical Care Lead	-	**72,000**	72,126
Primary Care Lead	-	**72,705**	72,472
ETI PMO	-	**265,249**	620,159
	1,373,585,271	**1,412,667,651**	1,379,517,536
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of change in net debt
year ended March 31, 2015

	Budget (Note 9)	2015 Actual	2014 Actual
	$	$	$
Annual surplus	-	-	-
Change in prepaid expenses	-	**(18,455)**	(4,819)
Acquisition of tangible capital assets	-	**(35,015)**	(38,814)
Amortization of tangible capital assets	-	**38,939**	36,314
Increase in net debt	-	**(14,531)**	(7,319)
Net debt, beginning of year	-	**(134,920)**	(127,601)
Net debt, end of year	-	**(149,451)**	(134,920)

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Add item not affecting cash		
Amortization of tangible capital assets	**38,939**	36,314
Less item not affecting cash		
Amortization of deferred capital contributions	**(38,939)**	(36,314)
Changes in non-cash operating items		
Accounts receivable	**(21,756)**	42,626
Due to other LHIN	**(8,659)**	56,294
Due from the LHIN Shared Services Office	-	59,362
Accounts receivable MOHLTC transfer payments to HSPs	**(916,700)**	(2,874,400)
Accounts payable and accrued liabilities	**(117,927)**	183,854
Accounts payable HSPs transfer payments	**916,700**	2,874,400
Due to MOHLTC	**(44,575)**	(201,939)
Due to LHIN Shared Services Office	**242**	5,884
Prepaid expenses	**(18,455)**	(4,819)
	(211,130)	141,262
Capital transaction		
Acquisition of tangible capital assets	(35,015)	(38,814)
Financing transaction		
Capital contributions received (Note 6)	**35,015**	38,814
Net (decrease) increase in cash	**(211,130)**	141,262
Cash, beginning of year	**735,688**	594,426
Cash, end of year	**524,558**	735,688

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Notes to the financial statements
March 31, 2015

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, 2006 (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry - LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2015.

The LHIN has also entered into an Accountability Agreement with the MOHLTC, which provides the framework for LHIN accountabilities and activities.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

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Notes to the financial statements
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2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet to be performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets in the operation of the LHIN, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under revenue in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at its nominal value.

Maintenance and repair costs are recognized as expenses when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Transfer payments to HSPs

In fiscal 2015, the LHIN had authorization to allocate funding of $1,406,724,984 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2015 as follows:

	2015	2014
	$	$
Operation of hospitals	**926,426,138**	918,430,770
Long term care homes	**195,611,049**	192,474,886
Community care access centres	**158,431,497**	147,342,163
Community support services	**44,303,753**	40,798,191
Assisted living services in supportive housing	**36,310,784**	32,360,360
Community mental health	**30,976,433**	29,778,571
Addictions program	**6,375,189**	5,980,716
Acquired brain injury	**5,968,872**	6,018,966
Community health centres	**2,321,269**	-
	1,406,724,984	1,373,184,623

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2015, an amount of $6,291,900 (2014 - $5,375,200) was receivable from the MOHLTC and $6,291,900 (2014 - $5,375,200) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's operations and are included above.

4. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

			2015	2014
	Funding received	Eligible expenses	Excess funding	Excess funding
	$	$	$	$
Transfer payments to HSPs	**1,406,724,984**	**1,406,724,984**	-	-
LHIN operations	**4,119,617**	**4,036,308**	**83,309**	73,026
LHIN special funded initiatives				
Diabetes Regional Coordination Centre Program	**1,288,626**	**1,214,351**	**74,275**	125,662
French Language Health Services	**106,000**	**105,871**	**129**	1,236
Aboriginal Engagement	**5,000**	**4,359**	**641**	3,294
ED Lead	**75,000**	**72,135**	**2,865**	2,597
ER/ALC Performance Lead	**100,000**	**99,689**	**311**	183
Critical Care Lead	**75,000**	**72,000**	**3,000**	2,874
Primary Care Lead	**75,000**	**72,705**	**2,295**	2,528
ETI PMO	**265,249**	**265,249**	-	-
	1,989,875	**1,906,359**	**83,516**	138,374
	1,412,834,476	**1,412,667,651**	**166,825**	211,400

4. Funding repayable to the MOHLTC (continued)

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2015	2014
	$	$
Due to MOHLTC, beginning of year	**211,400**	413,339
Amount recovered by the MOHLTC during the year	**(211,400)**	(413,339)
Funding repayable to the MOHLTC related to current year activities (Note 4a)	**166,825**	211,400
Due to MOHLTC, end of year	**166,825**	211,400

5. Shared services agreement

LHIN Shared Services Offices and LHIN Collaborative

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all of the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

The Local Health Integration Network Collaborative ("LHINC") became a division of the Toronto Central LHIN in fiscal 2010. LHINC was formed to foster engagement of the LHINS' HSP community and encourage collaborative integration of the health care system to all LHINs. LHINC is subject to the same policies, guidelines and directives as the LSSO and Toronto Central LHIN.

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") LHINS entered into an agreement in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographical area of the Cluster. Under this agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Offices for its Cluster and related expenses. During the year, the LHIN received one-time funding from Central West LHIN of $265,249 (2014 - $620,159).

6. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**99,920**	97,420
Capital contributions received during the year	**35,015**	38,814
Amortization for the year	**(38,939)**	(36,314)
Balance, end of year	**95,996**	99,920

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7. Commitments

The LHIN has commitments under various operating leases related to building and equipment. The LHIN's existing building lease was renegotiated and extended to December 31, 2020. Other lease renewals are likely. Minimum lease payments due in each of the next five years and thereafter are as follows:

	$
2016	321,044
2017	257,644
2018	343,819
2019	333,460
2020	330,431
Thereafter	247,824
	1,834,222

The LHIN also has funding commitments to all HSPs associated with accountability agreements allocating planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	324,659	234,641	90,018	90,836
Leasehold improvements	887,343	883,035	4,308	5,745
Computer equipment	41,683	40,013	1,670	3,339
Web development	68,160	68,160	-	-
	1,321,845	1,225,849	95,996	99,920

9. Budget figures

Health Service Providers

The initial funding budget figures reported in the statement of operations reflect the opening base as at April 1, 2014 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year.

The final HSP funding budget of $1,406,724,984 as at March 31, 2015 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2014	1,368,069,952
Adjustments due to announcements made during the year	38,655,032
Final HSP funding budget	1,406,724,984

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**
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9. Budget figures (continued)

LHIN operations

The final operating budget from MOHLTC of $6,105,568 as at March 31, 2015 is made up of the following:

	$
Initial budget as at April 1, 2014	
LHIN Operation	**4,115,693**
DRCC Program	**1,288,626**
French Language Services	**106,000**
Aboriginal Engagement	**5,000**
Additional funding received during the year for:	
ER/ALC Performance Lead	**100,000**
ED Lead	**75,000**
Critical Care Lead	**75,000**
Primary Care Lead	**75,000**
ETI PMO	**265,249**
Final budget	**6,105,568**

10. General and administration expenses

The statement of operations presents the expenses by function. The following classifies general and administrative expenses by object:

	2015	2014
	$	$
Salaries and benefits	**2,879,456**	3,070,876
Shared services	**388,954**	336,951
LHIN Collaborative	**47,500**	47,500
Staff travel	**24,282**	23,317
Communication	**28,674**	30,233
Accommodation	**215,096**	218,946
Advertising	**5,674**	2,717
Professional fees and medical professional services	**16,800**	22,756
Consulting fees	**62,774**	5,332
Equipment rentals	**9,519**	20,882
Insurance	**7,466**	7,209
Other meeting expenses	**24,054**	25,277
Board Chair's per diem expenses	**38,500**	39,025
Other Board members' per diem expenses	**50,050**	28,796
Other governance costs and travel	**34,592**	40,513
Printing and translation	**45,589**	8,706
Staff development	**18,925**	56,697
IT equipment	**24,388**	8,183
Office supplies and purchased equipment	**51,907**	40,181
Amortization	**38,939**	36,314
Other services	**23,169**	33,407
	4,036,308	4,103,818

11. Project Initiatives

The LHIN received funds for various project initiatives listed in the Statement of operations. The following classifies LHIN project initiatives, by object:

	2015	2014
	$	$
Salaries and benefits	1,352,062	1,182,728
Shared services	12,232	14,711
Staff travel	3,416	5,363
Communication	927	4,531
Accommodation	103,981	58,569
Advertising	-	2,646
Professional fees/Medical Professional Services	360,930	469,000
Consulting fees	3,600	107,433
Equipment rentals	-	2,911
Other meeting expenses	8,307	14,247
Staff development	16,174	1,005
IT equipment	39,156	44,789
Office supplies and purchased equipment	4,890	40,935
Other services	684	280,227
	1,906,359	2,229,095

Diabetes strategy operational expenses included in the LHIN special funded expenses above are as follows:

	Budget 2015	Actual 2015	Actual 2014
	$	$	$
Salaries and benefits	1,017,833	977,418	756,583
Others	270,793	236,933	429,065
	1,288,626	1,214,351	1,185,648

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 35 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2015 was $337,283 (2014 - $338,423) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2014. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

Mississauga Halton Local Health Integration Network
700 Dorval Drive, Suite 500
Oakville ON L6K 3V3
Tel: 905-337-7131 or 1-866-371-5446
Fax: 905-337-8330
Email: mississaugahalton@lhins.on.ca
www.mississaugahaltonlhin.on.ca

Ontario
Local Health Integration Network